PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Confirmation Number 2682 Filing Date with an effective filing date of December 22, 2003 FORM First Named Inventor Andrej KITANOVSKI, Peter Williams EGOLF and Osmann SARI Group Art Unit 3744	Onder the Paperwork A	reduction Act of 1995,	no persons are required to respond to	a collection of info	rmation unless it displays a valid OMB control number		
Filing Date Support	MAD.		Application Number	10/540,079	DFW.		
Filing Date Support	71. <i>美月</i>		Confirmation Number	2682			
It to be used for all correspondence after initial filings Group Art Unit 3744			Filing Date				
Examiner Name William C. Doerrier Fax: (571) 273-8300 Total No. of Pages in this Submission: 17 Attorney Docket Number NITROS P170US Fee Transmittal Form	FORM		First Named Inventor	_			
Total No. of Pages in this Submission: 17 Attorney Docket Number NITROS P170US	(to be used for all corresponden	nce after initial filing)	Group Art Unit				
Fee Transmittal Form See attached - Check # 560			Examiner Name	William C. [Doerrier Fax: (571) 273-8300		
Fee Transmittal Form Assignment papers (for an Application) Assignment papers (for an Application) Assignment papers (for an Application) Drawing(s) D	Total No. of Pages in this Su	ıbmission: 17	Attorney Docket Number	NITROS P170US			
Fee attached - Check \$60			ENCLOSURES (check all ti	hat apply)			
□ Certified Copy of Priority □ Comment(s) □ Response to Missing Part/s □ Response to Missing Part/s □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Request for Refund □ Response to Missing Parts □ Requ	Fee attached - Check \$60 Response - 12 pgs. After Final Affidavits/declaration(s) Extension of Time Request (in Duplicate)		 (for an Application) □ Drawing(s) □ Licensing-related Papers □ Petition Routing Slip (PTC and Accompanying Petitic (DELETED - no long □ To Convert a Provisional □ Power of Attorney, Revo 	on er useful) Petition cation	to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Additional Enclosure(s)		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual Name Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C. Signature Date August 4, 2008 CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 4, 2008	☐ Certified Copy of Priority ☐ Document(s) ☐ Response to Missing Part/s ☐ Incomplete Application ☐ Response to Missing Parts		□ Small Entity Statement	·	Postcard		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual Name Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C. Signature Date August 4, 2008 CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 4, 2008							
Firm or Individual Name Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C. Signature Date CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 4, 2008 Signature	REMARKS	CICALA	THE OF ADDITIONAL ATTO	DNEV OR 101			
Davis BUJOLD & DANIELS, P.L.L.C. Signature Date CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 4, 2008 Signature	Firm or Individual Name			NINET, OH AGE			
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on_August 4, 2008.	, and of marvioud Name		1.05. 110. 02,010				
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 4, 2008 Signature	Signature		made Berli	1			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 4, 2008	Date	August 4, 20	08				
class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 4,			CERTIFICATE OF MAIL	ING			
Signature Date: August 4, 2008 (slm)(nay)	class mail in an envelope a	orrespondence is t addressed to: Con	being deposited with the Unite	ed States Posta	al Service with sufficient postage as first xandria, VA 22313-1450 on August 4,		
	Signature	n	led Jagge	Date	: August 4, 2008 (slm)(nay)		

PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

	Patent and Trademark Office:	U.S. DEPARTMENT OF COMMERCE
Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection	of information unless it displ	avs a valid OMB control number

		Reduction Act	t of 1995, n	o persons ar	re required to	respond to a collect	tion of information	on unless it displays	a valid OMB control number	
Effective on 12/08/2004. (Gees pursuants) the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FOR FY 2008 FOR FY 2008 FOR FY 2008 FOR FY 2008						Application No. Filing Date First Named Inventor Examiner Name Art Unit		with an ef Decembe Andrej Kl Williams I SARI	William C. Doerrler	
TOTAL	AMOUNT OF PAYMENT: \$ 6	60		_		Attorney Docke	et No.	NITROS	P170US	
METHO	DD OF PAYMENT (check all th	at apply)								
- Char	-1- D. One-1th Cond. DiMoney On	· Oblan-	C 045							
	ck C Credit Card CMoney On osit Account Deposit	: Account N		-	dentity):	Deposit Accoun	t Name: DAV	- /IS BUJOLD & D/	ANIFIS PLIC	
•	above-identified deposit accou				— edzed to: ((710 DOJOED & D.	ANIELO, I .L.L.O	
TOLLIC	☐ Charge fee(s) indicated b		CIUI IS IIG	reby audio		cneck all that app je fee(s) indicated	• •	for the filing fee		
	■ Charge any additional fe			f foo(e)			_	tion the ming lee		
	under 37 CFR 1.1			(S 0) 188(S)) m Credii	any overpaymen	its			
WARNI	NG: Information on this form i	nay becom -2038.	e public.	Credit care	d information	on should not be i	included on th	e this form. Prov	ide credit card	
FEE CA	ALCULATION								-73	
	SASIO SILINO SEADON A	=						····		
1.	BASIC FILING, SEARCH, A			FEES						
		FILING I	EES Small E	ntity	SEARCH	I FEES Small Entity	EXAMINA	TION FEES Small Entity		
	Application Type	Fee (\$)	Fee (Fee (\$)	Fee (\$)	Fee (\$)	Fee (4)	Fees Paid (\$)	
	Utility	310	155		510	255	210	105		
	Design	210	105		100	50	130	65		
	Plant	210	105		310	155	160	80		
	Reissue	310	155		510	255	620	310		
	Provisional	210	105		0	0	0	0		
2.	EXCESS CLAIM FEES Fee Description Each claim over 20 (includin	g Reissues	s)				Fee (\$) 50	<u>Small </u> <u>Fee (</u> 25		
	Each independent claim over	r 3 (includi	ng Reissu	es)			210	105		
	Multiple dependent claims						370	185		
	Total Claims -20 or HP =	Extra Cla	aims x	Fee (\$)	_ =	Fee Paid (\$)		Multiple Depende Fee (\$)	ent Claims Fee Paid (\$)	
	Indep. Claims	Extra Cla	aims x	Fee (\$)	_ =	Fee Paid (\$)				
	HP = highest number of in	dependent	claims pa	aid for, if q	greater tha	n 3.				
3.	APPLICATION SIZE FEE If the specification and draw 1.52(e)), the application siz 41(a)(1)(G) and 37 CFR	wings exce ze fee due 1.16(s).	ed 100 sl is \$260 (heets of pa (\$130 for	aper (exclu small entit	iding electronical y) for each addit	ly filed seque iional 50 shee	nce or computer ets or fraction the	listings under 37 CFR ereof. See 35 U.S.C.	
	Total Sheets -100 =	Extra Sh	<u>eets</u> _ / 50 =		ach additio	onal 50 or fractio I up to a whole n	n thereof number) x	Fee (\$) =	Fee Paid (\$)	
4.	OTHER FEE(S)								Fees Paid (\$)	
	Other (e.g., late filing surch	arge): <u>Pet</u>	ition for C	One Month	n Extensio	n of term			<u> </u>	
SUBMIT	TED BY		1							
Signatur	\sim \sim \sim	rb.l	//	Zen	(1)			Telephone (603) 226-7490	
Name (Print/Ty	(pe) Michael	1 Buiold				Registration No		Date: Augus		

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

() Fee	Effective o	n 12/08/20 Appropriat	004. ions Act,	2005 (H.R.	4818).	·	Con	mplete if Known		
FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27						Application No. Filing Date First Named Inventor Examiner Name Art Unit		10/540,079 with an effective filing date of December 22, 2003 Andrej KITANOVSKI, Peter Williams EGOLF and Osmann SARI William C. Doemler 3744		
TOTA	L AMOUNT OF PAYMENT: \$ (60				Attorney Docke	et No.	NITROS P	170US	
METH	OD OF PAYMENT (check all th	at apply)								
■ Che	eck 🗅 Credit Card 🗀 Money On	der □None	e 🗆 Othe	er (please id	dentify):		•			
		Account N		•			_	— <u>(VIS BUJOLD & DA</u>	NIELS. P.L.L.C	
For the	e above-identified deposit accou	ınt. the Dire	ector is h	ereby autho	nized to: /					
. 0	☐ Charge fee(s) indicated t		20101 13 11	cicby addition		·				
						• ,,		pt for the filing fee		
	■ Charge any additional fe- under 37 CFR 1.1	e(s) or unde	erpayme	nts of fee(s)	■ Cred	it any overpaymer	nts			
14/A (D.N.				0 414	4.1.6					
informa	IING: Information on this form a ation and authorization on PTO-	may becom -2038.	ie public.	Credit care	d informat	ion should not be	included on t	he this form. Provid	le credit card	
FEE C	ALCULATION									
1.	BASIC FILING, SEARCH, A	ND EYAM	INATION	EEES						
••	DAGIOTIEMO, CEARCIT, P			TEES						
	Application Type	FILING I	FEES Small E Fee		SEARCI	H FEES Small Entity Fee (\$)	EXAMIN Fee (\$)	ATION FEES Small Entity Fee (4)	Food Boid (\$)	
	Utility			147					Fees Paid (\$)	
		310	155		510	255	210	105		
	Design Plant	210	105		100	50	130	65		
		210	105		310	155	160	80		
	Reissue	310	155		510	255	620	310		
:	Provisional	210	105		0	0	0	0		
2.	EXCESS CLAIM FEES Fee Description Each claim over 20 (includin	ıg Reissues	s)		•		Fee (\$) 50	<u>Small E</u> <u>Fee (\$</u> 25		
	Each independent claim over	er 3 (includi	ng Reiss	ues)			- 210	105		
	Multiple dependent claims			•			370	185		
	Total Claims -20 or HP =	Extra Cla	aims x	Fee (\$)	_ =	Fee Paid (\$)		Multiple Depender Fee (\$)	nt Claims Fee Paid (\$)	
	Indep. Claims -3 or HP +	Extra Cla	aims x	Fee (\$)	_ =	Fee Paid (\$)				
	HP = highest number of in	dependent	claims r	paid for, if	greater the	an 3.				
3.	APPLICATION SIZE FEE If the specification and draw 1.52(e)), the application size	wings exce	ed 100 :	sheets of p	aper (excl	uding electronica	lly filed sequ tional 50 she	ence or computer li eets or fraction the	stings under 37 CFR reof. See 35 U.S.C.	
٠	Total Sheets	Extra Sh	<u>eets</u> / 50 =	No. of ea	ach additi (roun	onal 50 or fractic d up to a whole r	n thereof number) x	<u>Fee (\$)</u> =	Fee Paid (\$)	
١.	OTHER FEE(S)								Fees Paid (\$)	
	Other (e.g., late filing surch	arge): <u>Pet</u>	ition for	One Month	Extensio	n of term			<u>\$60</u>	
UBMI	TTED BY		1							
Signatu	me ///	.01	//	72						
	\mathcal{U}	well	(100				Telephone (6)	J3) 226-7490	

Registration No. (Atty/Agent) 32,018

Date: August 4, 2008

Name

(Print/Type)

Michael J. Bujold